

Entered -07-02-01 - sb  
CL 01L0406 - GWENDOLYN BURNS

CLAIM OF:

**HEIDI HATCHER**  
208 12<sup>th</sup> Street, #10  
Atlanta, Georgia 30309

01- *R* -1633

For vehicular damages alleged to have been sustained from an  
automobile accident on June 27, 2001 at 887 Myrtle Street.

THIS ADVERSED REPORT IS  
APPROVED

BY: *Rosalind Rubens Newell*  
ROSALIND RUBENS NEWELL *Robert N. O'Byrne* DCA  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 01L0406

Date: September 24, 2001

Claimant /Victim HEIDI HATCHER  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 208 12<sup>th</sup> Street, #10, Atlanta, Georgia 30309  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,623.48 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 7/2/01 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 6/27/01 Place: 887 Myrtle Street  
Department PUBLIC WORKS Division Solid Waste Services  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

NATURE OF CLAIM: Claimant alleges that her parked vehicle sustained damage when it was side-swiped by a sanitation vehicle during a trash pickup. However, there were no witnesses to the alleged accident and the claimant failed to report the accident to the police or the city sanitation facility involved in the accident.

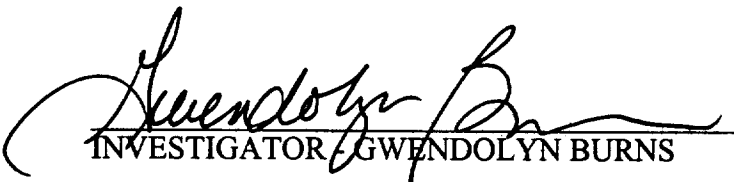
**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_


**BASIS OF RECOMMENDATION:**

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable \_\_\_\_\_  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 09-26-01  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6-29-01

ENTERED - 7-2-01 - SB  
0110406 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 06-27-01 2. Time of Incident: 6:32m 3. Police called: \_\_\_\_\_  
(month/day/year) Yes

4. Location of incident (including street address): 887 Myrtle St Atlanta GA 30303

5. Name of your insurance company: State Farm

6. State what and how incident occurred: garbage can hit right rear panel, door, fender and tail light during trash removal

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS MAY RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Honda 1998 747 EES Heidi Hatcher  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Heidi Hatcher  
Signature of Claimant

For Martha Hatcher  
car is registered  
under her name

Heidi Hatcher  
(Print Claimant's Name)

2812th Street NE  
(Address)

Atlanta GA 30303  
(City, State and Zip Code)

5-443-9277 404-877  
(Work Number) (Home Number)

01-R-1633